

## California Medical Association

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As CALIFORNIA AND WESTERN MEDICINE goes to press, we learn the sad news of the sudden death of Doctor T. C. Edwards of Salinas. In the passing of Doctor Edwards the California Medical Association has lost one of her most dearly loved and honored members; one who combined the highest type of professional service and integrity with the broadest understanding and sympathy with humanity. Doctor Edwards has left a rich heritage of exemplary service that will be a constant inspiration to all who knew him.

A full account of the life of our former loved President will appear in the February issue.

### ALAMEDA COUNTY

**Alameda County Medical Association** (reported by Pauline S. Nusbaumer, secretary)—The regular monthly meeting of the association was called to order by the president, H. B. Mehrmann November 16, at 8:15 p. m. L. P. Adams and F. B. Taylor reported a case of benign obstruction of the esophagus over a period of forty years. The following program was then presented by the staff of the United States Veterans' Bureau, Hospital No. 102 (by invitation):

A. O. Sanders in his paper, "Metallic Tinkle," said in part: Some textbooks on physical diagnosis still give the metallic tinkle as diagnostic of Laennec's triple lesion: (1) Pneumothorax or pulmonary cavity with (2) open bronchus and (3) fluid or effusion. Of a series of forty-four cases of pneumothorax, most of whom he observed from two to eighteen months, making frequent physical examinations of chest and checking by x-ray, ten cases were of spontaneous and thirty-four were of induced pneumothorax. Of the ten spontaneous pneumothorax cases, metallic tinkles were heard in six, one of which had no demonstrable fluid. Of the thirty-four cases of induced pneumothorax, metallic tinkles were heard in twenty-four, though in sixteen of these twenty-four cases no fluid could be demonstrated either by physical examination or by x-ray. In one case of complete collapse of the left lung with no demonstrable fluid, clear, bell-like tinkles were heard exactly synchronous with the heart beat. In several cases of induced partial pneumothorax, further collapse being prevented by firm pleural adhesions, typical moist rales were heard over the adherent diseased lung; and as the stethoscope bell was moved off the margin of the adherent lung, the rales could still be heard, more faintly, but with an added metallic quality. As the stethoscope bell was advanced gradually away from the adherent lung and over the pneumothorax cavity, these sounds became unmistakable metallic tinkles. In his conclusions the doctor stated that it would appear, from observations of the forty-four cases here reported, that metallic tinkles in pneumothorax are not confined to cases with open bronchus and effusion. Metallic tinkles were heard in cases of induced pneumothorax, with neither fluid nor open bronchus. It would also appear that metallic tinkles may be produced in pneumothorax by sounds arising from distinctly varied sources, the most frequent being rales from adjacent diseased lung tissue.

S. E. Stroube in his paper, "Some of the Gastro-intestinal Complications Occurring in Pulmonary Tuberculosis," discussed tuberculous conditions occurring about the mouth, including the oral mucosa, tongue, salivary glands, esophagus and pharynx under one head, giving a brief description of the gross pathology, frequency of occurrence, palliative and surgical treatment, and indications

for each. The doctor stated that gastric tuberculosis is seen very rarely, occurring in three forms, chiefly: (1) Miliary tuberculosis of stomach; (2) tuberculous ulcer of stomach; (3) tuberculous granulation tumors. Each form was discussed, symptoms and differential diagnosis, with special reference to malignancy, syphilis, and peptic ulcer. Emphasis was placed on the fact that x-ray is the one most reliable diagnostic factor. Under treatment, dietetic and hygienic measures and surgical relief were discussed and indications for each outlined, four cases coming under the writer's care being included in the discussion. Tuberculosis of the liver and gall-bladder was mentioned as being frequent, but rarely, if ever, diagnosed except at autopsy. Intestinal tuberculosis was considered the most frequent of all complications occurring in pulmonary tuberculosis, being present in approximately 90 per cent of cases coming to autopsy. That it was practically always secondary, being rarely, if ever, primary and most frequently found in cecum, ileum, and, to a less extent, in the jejunum and colon, a frequent finding being the hyperplastic form in region of the ileo-cecal valve, causing symptoms of obstruction. Diagnosis is difficult, as all the usual symptoms are often present and, at autopsy no tuberculous enteritis found, due to the fact that the same group of symptoms occur so frequently from toxemia, intestinal catarrh, and improper diet. Here, again, the x-ray will be found the most reliable finding on which to base diagnosis. Diet, medication, surgery, and heliotherapy were discussed as to relative value and indications for each in treatment, heliotherapy being considered the treatment of choice in the majority of cases, with the others as adjuncts, as indicated. The writer claims that tuberculous peritonitis occurs much more often than supposed, not diagnosed. Three chief forms (1) miliary, 70 per cent of cases; (2) chronic adhesive, 25 per cent of cases; (3) chronic ulcerative, 5 per cent—condition seen frequently in acute miliary tuberculosis, but rarely associated with chronic pulmonary tuberculosis. Mode of infection may be blood, lymphatics of pleura or pericardium, mesenteric lymph glands, tuberculous lesions, urogenital system. Treatment consists chiefly of heliotherapy with laparotomy in selected cases, together with hygienic measures. The conditions occurring about the rectum, associated with pulmonary tuberculosis, including ischio-rectal abscess, fistula in ano and fissure of the anus were covered rather thoroughly, especially in reference to treatment. All of these conditions are found very frequently associated with pulmonary tuberculosis, which consequently has considerable bearing on the choice of treatment and the prognosis. As a rule, fissure responds to the ordinary treatment for this condition, but even here you occasionally find a case will not heal. The other two conditions, as a rule, will not heal as long as there is active pulmonary involvement.

Basis of the paper, "The Relative Value of Roentgen Ray and Physical Findings in the Diagnosis and Treatment of Pulmonary Tuberculosis," by L. H. Fales, was the comparison of the roentgen ray and physical findings of patients admitted to U. S. Veterans' Hospital, No. 50. Total number of cases compared, 411. Found to be tuberculous, 245, or 60 per cent. Found to be non-tuberculous, 122, or 30 per cent. Classified as observation cases, 44, or 10 per cent. Of the 245 definitely tuberculous cases, 222, or 90 per cent, grossly agreed as to roentgen ray and physical findings, so far as coming to the same conclusions as to classifying the case. Physical findings and roentgen ray were quite definitely the same in 124, or 50 per cent. The roentgen ray evidence was more extensive in 88 cases, or 36 per cent. Physical signs predominated in 12, or 5 per cent. In 17 cases, or 6 per cent, there was roentgen ray evidence, but no definite physical signs. In 4 cases, or 1½ per cent, there were physical signs, but no roentgen ray findings. In 11 per cent the roentgen ray showed involvement of the second apex, which was not shown by physical findings. Cavitation was demonstrated by the roentgen ray in 90 cases, or 36 per cent. In only 28 of these 90 cases, could cavitation be found by physical signs alone. Rales were found in 1.6 per cent of cases having peribronchial infiltration alone, while they were present in 93 per cent of cases showing a parenchymal infiltration. Of the definitely tuberculous cases, 66 per cent had positive sputum. Of

the cases having both a roentgen ray lesion and medium rales, 69 per cent had a positive sputum. Of the cases with parenchymal roentgen ray lesion, but no physical signs, 53 per cent showed positive sputum, while of those showing physical signs, but no roentgen ray findings, all had negative sputum. Deductions from the comparison: 1. The roentgen ray is many times more efficient than physical findings in detecting cavitation. 2. A parenchymal roentgen ray lesion without physical signs is of great significance, for 53 per cent of such cases showed positive sputum. 3. Physical signs without a parenchymal roentgen ray lesion are of very doubtful significance, for all had a negative sputum. 4. Peribronchial infiltration is of no importance in diagnosing pulmonary tuberculosis, as it was not found in any case in combination with positive sputum. 5. Parenchymal infiltration, on the other hand, is of great importance, for 68 per cent of such cases had positive sputum. 6. In a certain percentage of cases the roentgen ray will show a lesion not demonstrated by physical signs, as proved by the above comparisons, there being 11 per cent of cases with involvement of the second apex not shown by physical signs. 7. The roentgen ray more often presents a greater involvement (36 per cent) than is shown by physical signs (5 per cent). 8. A parenchymal roentgen ray lesion and rales usually occur together, this combination taking place in 93 per cent of the above series, while peribronchial infiltration and rales are almost never found in combination, occurring in only 1.6 per cent of cases. The great importance of the roentgen ray in depicting lung pathology, as compared with physical findings, was dwelt upon at some length in the paper. In this connection the great significance of Colonel Bruns' paper on "Parenchymal Rales," in a recent number of the Journal of the American Medical Association, was emphasized, the main point being that rales, as usually heard in pulmonary tuberculosis, are not, as formerly supposed, due to moisture in the bronchioles and small bronchi, but are atelectatic rales, the partial collapse of the parenchymal alveoli being caused by pressure from the adjoining tuberculous infiltration, the rales often remaining the same whether it be an active, a fibrous, or a healed lesion.

Conclusions. 1. The roentgen ray is of at least equal importance with physical findings in diagnosing pulmonary tuberculosis. 2. The roentgen ray is the most important means of determining the existing pathological condition of the lungs. 3. Serial roentgenograms, taken from two to six months' intervals, portray before our eyes the ever-changing pathology of the lungs of the tuberculous, thus giving us an insight as to the progress and prognosis, which can be obtained in no other way. 4. The time is at hand when the clinician must be trained (as Dunham expresses it) in the "roentgenoscopic pathology of the lungs." It is just as important that he make his own roentgen ray interpretations as it is that he make his own physical examinations. 5. If we are to make the roentgen ray of real value, we must discard the idea that peribronchial thickening, when it reaches the periphery, and infiltration of the hilum have any significance in the diagnosis of pulmonary tuberculosis. Clinicians and roentgenologists who still believe in this theory are causing much confusion and misunderstanding and have brought great disrepute on the true value of the roentgen ray. 6. It is urgently important that all staffs of tuberculosis hospitals adopt a uniform, pathological anatomical classification that can be used conjointly by the clinician, roentgenologist, and pathologist. 7. On account of the great value of the roentgen ray, it is of doubtful expediency for tuberculosis sanatoriums to limit the use of roentgen ray films. Their more extensive use should be encouraged, for the greater efficiency attained would save the extra expense many times over. 8. If we are to progress in the knowledge of tuberculosis, it is imperative that every effort be put forth to obtain permission to perform more necropsies. To increase our proficiency we must not only compare the actual pathology with the roentgenoscopic pathology and physical findings, but we must know, by actual study, the ever-changing pathological picture which is so essential to a thorough knowledge of tuberculosis. These papers were discussed by H. Van Horne, E. A. Montague, E. A. Beaudet, and Chesley Bush.

After the conclusion of the program and the transaction of business, C. L. McVey offered the following tribute to the late J. W. Legault: The doctor's sphere lies not alone in medical service. His life is patterned to fit the mould of all encompassing fraternity. "Non Solum Nobis." In this spirit and at this hour we solemnize the departure from our group of one who served most faithfully his patients and his friends.

Doctor Joseph William Legault was born at St. Marthe, Canada, January 28, 1867. He received his preliminary education in Canada, and was graduated from Victoria College in the year 1890. He came for the first year of his practice to Washington. Thence to Oakland, where he continued in active practice for a period of thirty-four years.

It was my privilege to know Dr. Legault, both as a co-worker and as a friend. His ideals were of the highest, and his attention to the details of practice unstinted.

"Man is his own star, and the soul that can  
Render an honest and a perfect man  
Commands all light, all influence, all fate;  
Nothing to him falls early, or too late.  
Our acts our angels are, or good or ill  
Our fatal shadows that walk by us still."

He was modest and retiring by nature, yet forceful and ready to meet the day's obligation. Hidden in the background, he carried a ready wit. He made a friend and kept him, and sought not after the plaudits of the multitude.

"And, when the stream  
Which overflowed the soul was passed away,  
A consciousness remained that it had left  
Deposited upon the silent shore  
Of memory, images and precious thoughts  
That shall not die, and cannot be destroyed."

The meeting then adjourned, out of respect to the memory of Dr. Legault.

## KERN COUNTY

**Kern County Medical Society** (reported by Keith S. McKee, secretary)—At the November 19 meeting of the Kern County Medical Society the following officers were elected for the year 1926: Keith S. McKee, President; E. A. Schaper, Vice-President; L. C. McLain, Secretary-Treasurer; William H. Moore, Censor; F. A. Hamlin, Delegate; and F. J. Gundry, Alternate.

A very successful and pleasant meeting was enjoyed by sixteen members of our society, who saw Doctor LeRoy Brooks of San Francisco demonstrate a new technique on blood transfusion, followed by a lecture on the same subject.

It might be of interest to add that our October meeting was the first one held in the new Kern General Hospital—a county institution built at an expense of three quarters of a million dollars. The meeting was very well attended, and Doctor Joe Smith, superintendent, took the members on a tour of inspection from one end of the building to the other, giving us a fine feed at the finish. Kern County has a hospital of which it can well be proud, as it is thoroughly modern to the nth degree.

## MARIN COUNTY

**Marin County Medical Society** (reported by J. H. Kuser, secretary)—A meeting was held at W. F. Jones' office on November 19, 1925. The meeting was opened by H. O. Hund, president, and the following members answered the roll call: H. O. Hund, C. W. Clark, F. M. Cannon, L. L. Stanley, W. F. Jones, A. H. Mays, G. M. Landrock, C. A. DeLancey, Charles B. Marston, C. W. Larson, and J. H. Kuser.

In order to comply with the request of the State Society to furnish the names of officers and delegates by the first of December, other business was suspended and the nomination and election of officers proceeded, which resulted in the following officers for 1926: President, George M. Landrock; Vice-President, Charles B. Marston; Secretary-Treasurer, J. H. Kuser; Delegate, H. O. Hund; and Alternate, C. A. DeLancey.

Motion was made and seconded to hold the annual banquet at the Hotel Rafael on January 28 at 6:30 p. m. Carried, and further arrangements left to the secretary, each member to be allowed to bring a guest.

## ORANGE COUNTY

Orange County Medical Association (reported by D. R. Ball, secretary)—The society has held a number of meetings of unusual interest since the summer recess. The programs have been supplied largely by visiting men, and the talks have been most practical, many of them being in the form of illustrated demonstrations.

At the September meeting A. E. Belt of Los Angeles talked on "Urinary Calculi." He showed a series of roentgenograms of stones in various parts of the tract, and gave brief outlines of the cases represented. In October a very excellent program was provided by members of the Riverside County Society. B. O. Adams gave a talk on "Some Observations of Foreign Clinics," the material for which was obtained in a recent trip abroad made as a member of the tour conducted by the Post-Graduate Assembly of America. W. W. Roblee spoke in an interesting manner on "What Do We Know About Arterial Hypertension." The November meeting was devoted to obstetrics, Bessica Raiche of Anaheim speaking on "The Value of X-ray in Pregnancy," and Sterling N. Pierce of Los Angeles speaking on "Low Cervical Caesarean Section." The first talk was illustrated by x-ray films, and the second by a beautiful series of slides. In December A. E. Gallant of Los Angeles, who is conducting the orthopedic work at the Orange County General Hospital, presented "Some Interesting Cases of Spinal Ankylosis."

The meetings of the Santa Ana Clinical Society have been no less interesting. In September Irving Sutton of Hollywood gave a lantern slide demonstration of interesting cases of syphilis in its various stages. In October we were entertained most delightfully in the home of our president, Dr. Bessie Stokes Martell. On this occasion the talk was provided by Phillip Edson of Pasadena on the new phenoltetrachlor-phthalein method of visualizing the gall-bladder. In November a popular meeting on diphtheria was conducted, at which W. H. Kellogg of the State Board of Health spoke to a large audience.

Officers for the new year were elected at the December meeting of the County Association, as follows: President, Bessie Stokes Martell, Santa Ana; Vice-President, D. C. Cowles, Fullerton; Secretary-Treasurer, D. R. Ball, Santa Ana; Librarian, C. D. Ball, Santa Ana; Delegate, R. A. Cushman, Santa Ana; Alternate, Harry E. Zaiser, Orange; Censor (1926-28), F. E. Coulter, Santa Ana.

New members include B. B. Mason of Laguna Beach, C. O. Petty of Fullerton, and V. G. Presson of Santa Ana.

A campaign for toxin-antitoxin immunization against diphtheria is being carried on in the schools of the county by Dr. V. G. Presson, County Health Officer. About one thousand children will have been immunized by the Christmas holidays, and it is expected that a like number will be handled after that time.

## Memorial to William Freeman

Died in Fullerton, California, June 29, 1925, age 84. Born in Medino County, Ohio, June 6, 1841. Education, common schools, Auburn Academy of DeKalb County, Indiana; Cincinnati School of Medicine, M. D., 1867. California certificate, 1895.

He enlisted September 5, 1861, Company H, Indiana Volunteer Infantry. He was twice wounded: first, in battle at Stone River, a gunshot wound through the hand, and again at Chickamauga, when the bullet passed through his body. He was discharged because of this wound, and resumed his studies that had been interrupted by the war.

After graduation Doctor Freeman practiced in Vevay and Madison, Indiana, until 1894, when ill-health (asthma) compelled him to locate in San Diego. About two years later he removed to Fullerton. Joined the Orange County Medical Association in 1899. President of the society in 1903. Later he affiliated with the State Medical Society and became a Fellow of the A. M. A.

Dr. Freeman was a staunch Republican and took a keen interest in politics. He was an acknowledged leader in the party.

## PLACER COUNTY

Placer County Medical Society (reported by Robert A. Peers, secretary)—This society held its annual meeting at the Placer County Hospital in Auburn Saturday evening, December 12, at 8 o'clock.

There were present the following members and visitors: Members—Doctors H. N. Niner, C. J. Durand, H. M. Kannar, W. L. Whittington, G. H. Fay, R. A. Peers, R. H. Eveleth, J. G. Mackay, C. E. Lewis, J. A. Russell. Visitors—Doctors M. E. Thoren and R. J. Nicholls.

This being the annual business meeting, no literary papers were presented.

The following physicians were elected to membership in the society: Mildred E. Thoren, Daniel H. Pettingell, Weimar; Carlyle M. Pearce, Colfax.

The following officers and delegates were elected to serve for the society for 1926: President, J. A. Russell, Auburn; Vice-President, R. H. Eveleth, Roseville; Secretary-Treasurer, Robert A. Peers, Colfax; Associate Secretary, Charles J. Durand, Colfax; Delegate to State Medical Society, H. N. Miner; Alternate, R. H. Eveleth.

Dr. Robert F. Rooney of Auburn was appointed as a representative of Placer County on the Committee on the History of Medicine of the California Medical Association.

The following physicians were elected, subject to approval of the Council, as affiliate members: Robert F. Rooney, Auburn; J. S. Wheeler, Lincoln.

The matter of Optional Medical Defense and various communications from the State Association were discussed.



## SACRAMENTO COUNTY

Sacramento County Medical Society (reported by Bert S. Thomas, secretary)—The last scientific meeting of the year of the local society was held at the Sacramento Hotel on November 17. There was an attendance of thirty-seven to hear two live topics discussed by G. Parker Dillon and Edward W. Beach.

The minutes of the October meeting were read and approved after Harris added a word of praise to one of the officers.

Case Reports—Gundrum reported the peculiar incidence of the fifth attack of herpes zoster, with the identical distribution in each attack, in a middle-aged woman. The offending nerve-root in each instance was the fifth right dorsal.

Papers of the Evening—"Cancer of the Rectum," by G. Parker Dillon. Eighty per cent of all cancers of the rectum may be diagnosed by either sight or feel, 5 per cent of them being within reach of the examining finger, plus 30 per cent of them being within clear sight in a proctoscope. No particular cause may be assigned for the etiology of the growth, any more than cancer in other locations. However, the question of trauma, hardened fecal material, ulceration and cicatricial tissue formation may be accentuated.

The most important early symptoms in order of their importance are, constipation, bleeding, and pain. Diarrhea, tenesmus, tumor, alternation of diarrhea and constipation, incontinence, and emaciation may appear as individual complaints, or collectively. The mode of spread is by contiguity, through the lymph channels and through the blood. The spread through the lymph channels closely follows the three lines of blood supply—the superior hemorrhoidal, the inferior mesenteric, and middle hemorrhoidal.

The most lamentable feature connected with cancer of the rectum is shown by statistics prepared by Fiske Jones of Massachusetts General Hospital. Seventy-five per cent of the cases of cancer of the rectum treated there have been previously treated for either hemorrhoids, persistent diarrhea, or constipation.

Examination should first be digital, then bi-manual examination in the Trendelenburg position, glandular palpation, external palpation, examination of the feces for blood and mucus, and, last, a check-up by means of a barium enema and a radiogram.

There are several things in the differential diagnoses to be kept constantly in mind: pedunculated polyps, mov-

able benign tumors, inflammation in adjacent structures, tuberculosis of the hypertrophied form and specific lesions.

There is a question of the value of biopsy. Dillon believes that if cauterization is immediately done no danger will follow.

Statistics seem to indicate, despite the fact, of course, that reports are more numerous and more exacting that cancer of the rectum seems to be on the increase.

In the discussion Rulison briefly reviewed the increasing opportunity of surgical possibilities in the condition; whereas only 25 per cent of cancers of the rectum were operable with the old Kraske method, now 60 per cent may be placed in the operable class by attacking them through the abdomen—perineal route. Even now, the appallingly few 2-3-5-year cures may be measurably increased by adopting the slogan, "Get them early." At present, we may, in round numbers, report 22 per cent of three-year cures, in contrast to but 4 per cent with the old method. Harris pointed out the excellent work being done by the institution of cancer stations in France, where people may be thoroughly examined who fear the possibility of cancer. Pamphlet education, to instruct the population when to report to these stations, is being conducted by the French League for the Control of Cancer. This instruction is being accentuated to the profession also through the medium of regular articles on the subject in the "Presse Medicale." Harris stresses the value of the electrically lighted pneumatic proctoscope; also, to completely section any cases of multiple polyposis.

Gundrum stated that if we *think* "cancer of the rectum," we'll pick up more cases. In closing, Dillon repeated, "Use your examining finger."

"Some Points in the Treatment of the Neisserian Infection in the Male," by Edward W. Beach. Prophylaxis: retraction and scrubbing with green soap will take care of chancroids and Cabot's disease. (The latter is rather common in the West, though rare in the East.) Injection of 1-5000 acriflavine, sealing it in the urethra by means of collodion suffices for gonorrhea, while 50 per cent mercurial ointment rub is applied for lues.

About 40 per cent of gonorrhea seen in the first few days may be aborted by the daily injection of 1-5000 neutralized acriflavine prepared in salt. Even in those cases not aborted, this treatment is sure to cut down the amount of discharge, and so, in addition, helps psychically in the start of treatment. Stronger solutions produce bands. Any treatment which increases the irritation is bad. Beach often daily alternates 1-5000 permanganate with acriflavine. Outside the office, one-half per cent protargol is utilized. He sees no particular value in the use of such drugs as sandalwood oil and methylene blue, but, since the irritation is due to two factors, an irritated urethra plus a high concentration of the urine, he simply employs the use of large quantities of water in addition to local treatment. As to restriction of food, only those foods which burn the mouth are ruled out. If, at the end of a few weeks, posterior urethral symptoms include tenesmus and the showing of some blood, Beach withdraws all local treatment and employs hot Sitz baths, rectal irrigations and sedatives, such as opium and belladonna suppositories. Later, 1-3000 mercurochrome through and through irrigations are of value. No cure is obtained until the urethra is shown to be absolutely pus-free.

The type of shreds may aid in the location of the irritation. Long floating ones are urethral shreds; comma-shaped ones that float are from the glands of Littre; ball-shaped, sinking shreds come from the prostate. A common point of neglect in the treatment of chronic complications, such as the "morning drop," is the usual lack of finding out the exact point from which this "drop" arises. This localization of the origin of the trouble is as important in this particular disease as in any other disease entity. In this particular instance the "morning drop" usually arises from a localized anterior urethritis. Dilatation plus silver salts is the treatment. Another common mistake is the massaging of the acute prostate. Neither here nor in acute vesiculitis should massage ever be used.

In the discussion Wilder spoke of the great number

of cases of residual posterior urethritis. Hale stated that the army experience showed the importance of immediate prophylactic treatment. In a large number of cases all prophylactic treatment administered two hours after intercourse were successful; eight hours after, 10 per cent were infected; after that time there is a question whether the treatment is of any value at all. Dillon spoke of the army routine of years ago—simply putting the patient to bed and placing him on a milk diet.

**Application for Membership**—The applications of Clarendon A. Foster and Frank Warne Lee were read for the first time. After the second reading of the applications of Joseph L. Mullin, Angus McKinnon, and Norris R. Jones, a vote was taken. All were unanimously elected to membership.

The board of directors reported that, in the future, all notices will be sent in the official envelopes of the society. They also approved the automatic appointment of the president of the medical society to officiate as a member of the Disaster Relief Committee of the Sacramento Chapter of the Red Cross.

**Communications**—The communication from the secretary of the California Medical Association, in reference to the new forms for application in the constituent societies, and the new rules for transfer from one society to another, was read.

**Under Old Business**—Parkinson called attention to the fact that the Red Cross was again asking \$20,000 for work that is, without question, merely a reduplication of effort. However, he agrees thoroughly with the president's opinion that the men and women who are doing the work thoroughly believe that they are engaged in a real endeavor; further, that they will be able to raise the money.

Parkinson, Drysdale, Scatena, Yates, Rulison, and Dillon spoke on optional medical defense. Attention was called to the fact that there are but 500 members of this optional defense fund at the present time. They need 1500 to properly function. If this number is not reached, it probably means that our present unequalled legal talent will be lost, with the likelihood of their affiliation with other insurance companies. This not only means a vital loss to the local profession, but presages a raise in the insurance rates. The probable reason for the lack of local support was offered as follows: First, there has been a fortunate immunity from suits here; this cannot last. Second, the men in this vicinity are likely covered for a greater amount than the average man throughout the state. It was advised that applications for this optional medical defense be enclosed with the December meeting notices.



## SAN BERNARDINO COUNTY

**San Bernardino County Medical Society** (reported by E. J. Eytinge, secretary)—A meeting was held on December 3 at the County Hospital.

Letter from Dr. Ross Moore, relative to malaria, read. The question of the official A. M. A. auto emblems was taken up, and it was decided to issue a questionnaire in regard to this matter to be reported on as part of the next program. The first reading of the proposed change of the Constitution and By-laws was carried out, and a vote will be taken at the next meeting.

Communication from Dr. Higbee, relative to the lectures in physiology by Professor Sewall, to be given in San Diego, was read.

Luncheon was served at 11 o'clock.

About forty were in attendance.

Program of the evening was as follows:

"General Use of Obsteric Forceps," by John Vruwink, Los Angeles. Vruwink, being unable to be present, was represented by Dr. Thompson of Los Angeles. Discussion opened by C. P. Engel.

"Cervical Caesarean Section, With Special Consideration of Local Anesthesia, and the Porro Operation," by Stanley N. Pierce, Los Angeles. Discussion opened by Howard Hill.

## SAN DIEGO COUNTY

**San Diego County Medical Society Notes** (reported by Robert Pollock)—The annual election of the County Medical Society and the Medical Library Association on December 8 returned the following officers and directors:

Medical Society—President, Mott H. Arnold; Vice-President, C. O. Tanner; Secretary, William H. Geistweit, Jr.; Treasurer, J. C. E. Nielsen. Council: W. M. Alberty, J. F. Grant, D. R. Higbee. Delegates (two-year term): J. C. Yates, G. B. Worthington, Mott H. Arnold. Alternates (two-year term): Thomas O. Burger, E. F. Chamberlain, D. R. Higbee. Milk Commission (five-year term): A. B. Wessels. President-Elect Arnold has not as yet announced his committees for next year.

Medical Library Association—Directors: Frank Carter, B. F. Eager, W. H. Geistweit Jr., C. E. Howard, L. Strahlmann, D. R. Higbee, W. S. Keyes, A. H. Gilbert, Robert Pollock, L. H. Redelings, O. H. Weiskotten, Harvey Stallard. Secretary-Treasurer, John C. E. Nielsen.

Following the election the society dined at Ye Golden Lion Tavern, where a few hours were profitably spent on an excellent turkey dinner, with the sauce of good fellowship and the mental stimulus of a scientific program of unusual interest. Dr. J. W. Sherrill reviewed the work done by Collip, in giving to the world the specific extract of the parathyroids. This work has been gone over and verified in every detail by Sherrill in his own laboratories at the Scripps' Metabolic Clinic, and he and Dr. Copp of his staff gave a very clear description of the present status of the extract as a practical therapeutic agent. Discussed by Copp and Sharp. Following this paper Willard J. Stone of Pasadena gave a very interesting talk on "Certain Aspects of Heart Disease," bringing out very clearly the nice differential points in diagnosis, behavior and prognosis of angina pectoris, aortic pain and coronary occlusion. Stone presented this subject in such a masterly way as to leave a very clear impression on the minds of his hearers. Discussed by White, Stealy, and Churchill.

On November 28 Arthur B. Cecil of Los Angeles discussed before the Naval Hospital Medical Staff the subject of vesical diverticula. Dr. Cecil is always a welcome guest in San Diego.

On November 24 the combined staffs of Mercy Hospital and the County General met at the latter institution and enjoyed an excellent clinical program presented by members of the house and visiting staffs.

On December 3 the medical staff of the Scripps Memorial Hospital held its second annual meeting in the comfortable reception-room of the new nurses' home. After a prolonged and spirited discussion of the problems of this our newest hospital a delightful luncheon was served by the management.

Two events of importance are planned for the early days of the new year: A course of lectures on physiology by Dr. Henry Sewell of Denver, whose appearance is made possible by a newly formed medical lectureship bureau; also the Scripps' Metabolic Clinic has invited Dr. William McKimm Marriott, Professor of Pediatrics in Washington University, St. Louis, who will discuss the nephroses. This address will follow a courtesy dinner to the medical profession at the Casa del Mannua, La Jolla, extended by the management of the clinic.



## SAN FRANCISCO COUNTY

**The San Francisco County Medical Society** (reported by J. H. Woolsey, secretary)—During the month of November, 1925, the following meetings were held:

Section on Medicine—Tuesday, November 3—Food idiosyncrasies—J. L. Whitney. The medical aspects of ten cases of homicide—Joseph Catton.

General Meeting—Tuesday, November 10—Symposium on Allergy: Theoretical considerations of hypersensitivity—Karl F. Meyer. Practical experience versus theory—A. C. Reed. Clinical aspects of allergy—George Piness, Los Angeles.

Section on Industrial Medicine—Tuesday, November 7—Some significant factors in derangements of the

shoulder-joint—L. D. Prince. Demonstration of special type of bed for orthopedic cases—R. L. Dresel.

Section on Eye, Ear Nose, and Throat—Tuesday, November 24—Demonstration of cases. A doctor's vacation—H. B. Graham. Indications for the various operations in glaucoma—Otto Barkan.

**St. Joseph's Hospital Staff Holds Pediatric Symposium**—St. Joseph's Hospital staff, San Francisco, discussed advances in pediatrics on December 9, C. F. Gelston opening with "Modern Diagnosis in Pediatrics," stressing the following:

The child is not a small adult, but has a peculiar anatomy and symptomatology. For this reason otitis media must be looked for in every child, especially when too sick for the other signs, as the etiology may be even from gastro-intestinal infections. In mastoiditis the pointing may be odd, also. The urinary tract often affords the solution of symptoms. Pyelonephritis, especially in girls, can cause all symptoms except the organism, in meningitis can produce a persistent fever, and in boys it often indicates a stricture of the ureter or abnormality of the kidney. A diarrhea should be investigated for the Shiga, Flexner, or other germ. Pyloric stenosis is peculiar to children and should be diagnosed early.

A. E. Meyers read a paper on "Progress in Treating Children," the following being a summary: Insulin is the greatest recent advance to benefit children. The addition of acid to milk, to compensate for the neutralization of its buffer contents, was suggested by Faber, who used HCl, and Marriott, who added lactic acid. Other important therapeutic advances are the use of white of egg, cod-liver oil and sunlight in rickets, allowing for correction of deformed legs without operation; the Schick test and toxin-antitoxin vaccination in diphtheria prevention; the scarlet fever work of Dick; the use of thick feedings in pyloric stenosis; the intravenous use of mercurochrome and gentian violet; the serum treatment in pneumonia; endocrine treatment, and convalescent serum therapy in poliomyelitis.

Dunlop Strickler reviewed the "Surgery of Children," with the following resumé: Adenitis is the most common complaint, although cervical glands are less encountered than before, due to the better attention paid to the surgery of the nasopharynx. Hernia, traumatic lesions, infections (as from nails and cuts), and appendicitis next follow in frequency. Chronic appendicitis is rare. The acute form is often associated with a history of cold and the giving of castor oil. Quartz light is used after appendectomy to prevent adhesions. Other operations in decreasing frequency are for empyema, with resection of ribs resorted to seldom; cleft palate, pyloric stenosis, transfusions, hydrocephalic tapping, and intussusception. In the latter, Murphy drip with Week's plan is used.

Ernst Gehrels discussed the two-stage operation for intussusception; Frank Lowe, the surgery of anterior poliomyelitis and correction of rachitic knee deformities with braces; C. O. Southard and Roy Parkinson, the aural and pharyngeal lesions; C. E. Nixon, the neurological considerations, and R. F. Grant and L. B. Crow the abdominal manifestations. Case histories were presented by C. D. Schoonmaker (cholecystectomy) and H. B. Dixon (gas phlegmon after tonsillectomy).

The election of officers for 1926 resulted in the renaming of A. S. Musante as president, Frank Lowe as vice-president, Louis Overstreet as secretary, and F. C. Keck as treasurer.

The program of January 13 will include an address on the "Taking of a Gastro-intestinal History and What It Means," by Walter C. Alvarez, who is leaving California to take up clinical work at the Mayo Clinic.



## SANTA BARBARA COUNTY

**Santa Barbara County Medical Society** (reported by Alex C. Soper, Jr., secretary)—A regular meeting was held at the Cottage Hospital, Monday, December 14, in the staff room, President Nuzum presiding. Fifteen members, three interns, and Dr. Merrill from Santa Paula were present.

Crayton C. Snyder of Pasadena read the paper of the evening, his subject being the rare one of "Bac. Aero-

genous Capsulatus Infection of the Liver." Discussion was participated in by Nuzum, Stevens, and Merrill.

Charles S. Stevens of Santa Barbara presented a rare tumor extirpated from a 12-year-old girl-child, the pathology lying between the dermoid and teratoma classification. Involving all the sexual organs, their complete removal was necessary. Lamb, Allen Williams, and Nuzum discussed.

Dr. Bakewell showed a new non-locking obstetrical forceps, and with a mannikin demonstrated its use.

John M. Van Paing, formerly of the Los Angeles society, and John B. Manning, formerly of the Kings County, Wn. society, were admitted to membership by transfer.

A letter from Mr. George Coleman, requesting endorsement of his work (the American Association for Medical Progress), resulted in a unanimous decision to give him a written endorsement, to be used as he sees fit; however, the question of physicians taking out membership in this lay society was considered debatable, and no formal action on it was taken.

A letter from the Metropolitan Life Insurance Company of San Francisco, offering the use of films for better health education, was ordered answered favorably, the films to be used at the society's annual banquet on January 11 next, and also offered to schools and other agencies.



### SOLANO COUNTY

**Solano County Medical Society** (reported by John W. Green, secretary)—At the December 18 meeting of the Solano County Medical Society the following officers were elected for the year 1926: B. S. Leachman, President; A. V. Doran, Vice-President; and John W. Green, Secretary-Treasurer. John W. Green was elected delegate to the state convention, and D. B. Park, alternate.

### CHANGES IN MEMBERSHIP

**New Members**—Charles C. Fulmer, Edwin F. Mott, Fresno; Mark Gerstle Jr., Ivan C. Heron, Albert E. Larsen, Burgess B. Mason, Herbert H. Schultz, San Francisco; Harold A. Morse, Hilt; Edward Parker Moser, Camino; Clyde G. Reynolds, Repressa; Hans Frank Schluter, Charles Israel Titus, Sacramento.

**Transferred**—Jesse W. Citron, from San Francisco County to Alameda County.

Szabo Kalman, from Alameda County to Siskiyou County.

Gayle G. Moseley, from Los Angeles County to San Bernardino County.

William E. Musgrave, from San Francisco County to Santa Cruz County.

**Deaths**—Gedge, Donald MacCulloch. Died at San Francisco, December 6, 1925, age 64. Graduate of Cooper Medical School, California, 1892. Licensed in California the same year. Doctor Gedge was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

**Low, Samuel P.** Died at Santa Barbara, December 6, 1925, age 62. Graduate of Hahnemann Medical College and Hospital of Philadelphia, 1889, and licensed in California the same year. Doctor Low was a member of the Santa Barbara County Medical Society, the California Medical Association, and the American Medical Association.

**Mallory, George W.** Died at Santa Rosa, October 26, 1925, age 66.



GEORGE W. MALLORY

1860-1925

George W. Mallory, 65, prominent Santa Rosa physician and former educator, died at his home October 26, 1925, after an illness of three months. Death followed a stroke of paralysis.

He was born in Mexico, Missouri, received his early education in the schools of Montgomery County, Missouri, and later graduated from the University of Missouri. He came to California as a young man, and for several years was a school teacher.

Doctor Mallory received his Doctor of Medicine degree from the College of Physicians and Surgeons, San Francisco, 1900.

Guy A. Hunt, secretary of the Sonoma County Medical Society, says of Doctor Mallory, that he was a charter member of the Sonoma County Medical Society which, largely due to his efforts while he was secretary, attained the largest membership it has ever had. At the time of his death he was vice-president of the society.

He was a genial and optimistic physician who always greeted the stranger, as well as his friends, with a smile and a hearty shake of the hand. He was a true friend and upright in all his dealings. His interest in man was intense—a trait which is characteristic of every true physician.

Sonoma County Medical Society feels greatly the loss of one of its most prominent and valuable members.

### CONSTITUTION OF THE C. M. A.

Second of two required publications of proposed amendment to be voted upon by the House of Delegates, 1926 session.

Amend the Constitution, Article III, to read as follows:

#### CONSTITUTION

#### ARTICLE III

#### Members and Guests

**Section 1. Members**—The members of the association are the members of the component county societies and include all the active, associate and affiliate members thereof. Every member of the California Medical Association (hereafter elected) must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be elected to membership by the component county society of the county wherein



he resides and pay all dues to the secretary of his county society.

Sec. 2. Active Members—Active members shall be elected from those Doctors of Medicine licensed to practice medicine and surgery in the State of California who, in the judgment of the component county society of the county of residence thereof, are deemed of such ethical integrity as is required for such membership. (Except if he lives on or near a county line, a member may, with the previous written consent of the county of his residence, join the society of the county most convenient for him to attend, and such adjoining county shall be included in the term "county of residence" as herein used.)

Sec. 3. Associate Members—Associate members shall be elected from those Doctors of Medicine engaged in teaching or research work or holding position in federal service or otherwise who are not licensed to practice medicine and surgery in the State of California and hence are ineligible to active membership. These members shall have all the rights and privileges of active members, except the right to vote or hold office. Their dues to the State Association shall be one-half the dues of active members, and their dues to their county society shall be fixed by such county society.

Sec. 4. Affiliate Members—Affiliate members shall be elected from those Doctors of Medicine eligible for active membership, but who are, for any reason satisfactory to the county society and the Council of the State Association, entitled to special consideration. These members shall have all the rights and privileges of other members, except the right to vote or hold office. Their dues to the State Association shall be \$1 per year, and their dues to their county society shall be fixed by such county society.

Sec. 5. Honorary Members—Honorary members of the California Medical Association may be elected by the House of Delegates.

Amend the Constitution, Article VI, Section 4, to read as follows:

#### ARTICLE VI

##### Officers

Section 4. No delegate, during his term of service as delegate, shall be eligible to any office named in Section 1 except that of councilor, and no person shall be elected president, president-elect, vice-president, and councilor who has not been a member of the association for two years preceding his election. Every delegate and alternate to the House of Delegates of the California Medical Association must have been a member of the association for one year prior to his election.

Amend By-Laws, Chapter I, Section 1, to read as follows:

#### BY-LAWS

##### CHAPTER I

Section 1. All members of county societies—active, associate, and affiliate—shall, by virtue of such membership, hold corresponding membership in the California Medical Association upon certification by the secretary of the county society of such membership, and receipt by the secretary of this association of the assessment for the fiscal year.

Amend the By-Laws, Chapter I, by adding a new section to be numbered 5, reading as follows:

Section 5. A member who changes his residence from the county through whose society he holds membership in this association to another county in which there is a county society, is eligible to membership in the component county society of his new residence on the presentation of a transfer card, and an official statement that his dues have been paid in full in the society in which he holds membership; provided that no evidence which would otherwise disqualify him for membership arise. He shall forfeit his membership in this association one year after change of location unless he becomes a member of the society of the county to which he has moved. Any member who has heretofore changed his residence, as aforesaid, shall have one year after the date of the adoption thereof to comply with the provisions of this section.

Amend the By-Laws, Chapter VII, Sections 4 and 14, to read as follows:

Section 4. Each county society shall judge the qualifications of its members. However, as such societies are integral parts of this association and all the basis of membership in the American Medical Association, it is necessary that the qualifications meet the minimum requirements of the state and national organizations. These minimum requirements are, that to be eligible for election as an active or affiliate member, the applicant must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be licensed to practice medicine and surgery in the State of California. Every associate member must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must not be licensed to practice medicine and surgery in California and hence be ineligible to active membership. A member must not practice or claim to practice or lend his support, co-operation, or in any other way endorse any exclusive system of medicine or any person practicing the same. He shall be honorable and ethical in his conduct and shall subscribe to the principles of medical ethics of the American Medical Association, and shall recognize the Council of this association as the proper authority to interpret any doubtful points in ethics. Every applicant for membership in a county society shall fill out and sign in duplicate the application blanks provided by the society which prescribe the necessary qualifications for membership. One copy of each such application shall be promptly forwarded to the office of this association.

Section 14. Any county society may, in its discretion, elect active, associate, and affiliate members under and pursuant to the provisions of Article III of this Constitution. Any county society may also elect honorary members of its own society, but such honorary members shall not thereby be honorary members of this association.

## Utah State Medical Association

T. C. GIBSON, M. D., Salt Lake City.....President  
W. R. CALDERWOOD, M. D.....President-Elect  
FRANK B. STEELE, M. D., Salt Lake.....Secretary

*Editorials by J. U. GIESY, Associate Editor for Utah*

### CANCER OR CANNED—SIR?

Parallel investigations of the cause of cancer go forward more or less like Tennyson's brook (forever), yet one hopes that out of the ceaseless endeavor may come yet light on the rather appalling increase of cancer incidence. The English school with its ultra-microscope today seem the main supporters of the micro-organic, the germ, cause of the disease. Comes now a second line of investigation recently published of research along the line of a possible metabolic agency as the causative factor in the origin of this human curse.

For neither side do we hold any brief. Yet the thought that a disturbance of body metabolism may be either the actual cause or a predisposing cause holds a considerable interest. Certain it is that cancer, histologically speaking, gives every evidence of a perverted or disturbed cell metabolism. Years ago Mayo had some thoughts along this line, and now apparently the thing bobs up again, even if in a somewhat different form. Whatever else it is, cancer would seem to be a protoplasmic disease. By this we mean a disease depending upon a perverted or undefined cell development. What is it that actually dif-